Borough of Keyport

OPEN PUBLIC RECORDS ACT REQUEST FORM

Date Received: 12/20/2021

Tracking Number: OPRA-Req-21-0472

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information

Name: STELLA BONDAR

Address: BART REALTY GROUP LLC

City: _____ State: NJ Zip: _____

Telephone: _____ Fax: _____

Email: opra+request-28313-5c836243@requests.opramachine.com

Preferred Delivery: E-Mail

☐ If you are requesting records containing personal information: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature: _____ Date: _____

Payment Information

Maximum Authorized Cost 0

Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) - actual cost of material

Record Request Information:

Location: **184 BROAD**

Property: 184 Broad Street, Keyport, NJ 07735

Please be advised that this office represents the Buyers in connection with the purchase of the above referenced property.

Request the following certification:

1. copies of all OPEN and CLOSED permits, certificates of approval and approvals for any improvements made on the Property.
2. records of any violations on the property
3. records of oil tanks (underground or aboveground), and/or records of gas conversion
4. records of septic tanks, and/or pubic sewer connection

AGENCY USE ONLY:

Est. Document Cost: _____

Est. Delivery Cost: _____

Est. Extras Cost: _____

Total Est. Cost: _____

Deposit Amount: _____

Estimated Balance: _____

Deposit Date: _____

AGENCY USE ONLY:

Disposition Notes:

Custodian: If any part of request cannot be delivered in seven business days, detail reason here.

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY:

Tracking Information:

Tracking # _____

Rec'd Date _____

Ready Date _____

Total Pages _____

Final Cost:

Total _____

Deposit _____

Bal. Due _____

Bal. Paid _____

Records Provided:

Custodian Signature: _____ **Date:** _____

Date Printed: 12/21/2021 *Printed By: Laurie Graham*

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # C-21-00216

Date Issued
Permit # 20210157

!R!SEM6;EXIT;

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 58 Lot 3 Qualification Code _____

Work Site Location 184 Broad St.

Owner in Fee: Bart Realty Group LLC

Tel. (732) 228-0920 e-mail _____

Address 12 James St # 1 (street) Lakewood (municipality) 08701 (zip code)

Contractor: Expert Environmental LLC Tel. (_____)

Address 326 1st St. Lakewood, NJ 08701 e-mail _____

P (732)440-9440 F (732)276-1262

Office@expertnj.com

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fed. Emp. No 46-2553234

Fire Protection Equipment, NJ Div of Fire Safety Installer No _____

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (_____) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____

Location: _____

Total Cost of Fire Protection Work $ 600.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel: _____

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required DO.
[ ] Partial -Underslab Utilities Approved
Date: 6/21/21 Approved by: [signature]
[ ] Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 5/30/21
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other AST	6/21/21		5/30/21	DO

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Applicant sign/Contractor sign and seal here: [signature]

Print name here: Joseph Benseev [ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Water Supply Source AST Removal 275/gal
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks	1	
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 21-00184
Date Issued
Permit # 20210134

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 58 Lot 3 Qualification Code

Work Site Location 189 Broad St Keyport nj

Owner in Fee: Lime tree holding LLC

Tel. (732) 228 0920 e-mail SKage1@gmail.com

Address 699 cross st suite 115 lakewood nj 08701
street municipality zip code

Contractor: Precise Heating and Cooling Tel. ( )

Address ~~219 Brittany Ln. Toms River, NJ 08755~~ 732-232-1705 e-mail

Contractor License No. Lic # 19HC00268100 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) Fed ID # 453849817

Federal Emp. ID No.

Precise Heating and Cooling
219 Brittany Ln.
Toms River, NJ 08755
732-232-1705
Lic # 19HC00268100
Fed ID # 453849817

B. ELECTRICAL CHARACTERISTICS

Use Group Present NS Proposed NS

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 100-

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace Furnace/AP

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	34	KW Central A/C Unit	
1	12	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		Administrative Surcharge	$
		Minimum Fee	$
		State Permit Surcharge Fee	$
		TOTAL FEE	$

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Understab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] LU [ ] FA
Date:
Approved by:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

MECHANICAL INSPECTION
TECHNICAL SECTION

Marlboro Township
Construction Dept.
1979 Township Drive
Marlboro, NJ 07746
(732) 536-0200 X-1800

Date Received C-21-00154A
Control #

Date Issued 20210134
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 58 Lot 3 Qualification Code

Work Site Location 184 Broad St

Owner in Fee: Lime tree holding LLC

Tel. 732 2280020 e-mail skoge(nj)@gmail.com

Address 690 cross st suite 115 lakewood NJ 08701
street municipality code

Contractor: JRM & Son pluming Tel. 732-688-3113

Address 579 Beer St e-mail

Contractor License No. B10-36-9260 Exp. Date 06-23

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 194-58-3732 FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-or R-5

Heating System work: [ ] New *OR* [ ] Modification to Existing *OR* [ ] Conversion *OR* [ ] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 5/25/21
Approved by: JC
SUBCODE APPPROVAL for CERTIFICATE
[✓] CA [ ] CCO
Date: 10/19/21
Approved by: JC

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final			10/19/21	JC

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Applicant sign/~~Contractor~~ sign and seal here: R Molina Jr

Print name here: JAMES R. MOLINA JR

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

40gal WH. Replacement.

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Heater	40
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
	Other	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received
Control # 21-00184

Date Issued
Permit # 20210184A

TR! SEM6 EXIT;

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 58 Lot 3 Qualification Code

Work Site Location 189 Broad St Keyport nj

Owner in Fee: Lime tree holding LLC

Tel. 732 228 0920 e-mail Sfokel nj@gmail.com

Address 699 cross st suite 115 Lakewood nj 08701
street municipality zip code

Contractor: Precise Heating and Cooling Tel.

Address 219 Brittany Ln. Toms River, NJ 08755 e-mail
732-232-1705

Contractor License No. Lic # 19HC00268100 Exp. Date
Fed ID # 453849817

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-o R-5

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [X] Replacement

Type: [ ] Hydronic [X] Hot Air

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Estimated Cost of Mechanical Work $ 4000

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace 3ton AC
Unit 72000 BTU To Same

NO.	FIXTURE/EQUIPMENT
	Water Heater
	Fuel Oil Piping Connections
	Gas Piping Connections
	Steam Boiler
	Hot Water Boiler
1	Hot Air Furnace
	Oil Tank
	LPG Tank
	Fireplace
	Generator
	Other

FEE (Office Use Only)

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date Approved by
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPPROVAL for CERTIFICATE
CA 1000
Date: 9/14/21
Approved by: JC

INSPECTIONS Type	DATES Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final			9/14/21	JC

U.C.C. F145 (rev. 12/18)

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # 20210134

WORK SITE ADDRESS _____

Owner in Fee _____

Verifying Individual Jeff Kaplan Company Precise Home

Address 219 Tiffany LN (Street) Toms River (City) NJ (State) 08755 (Zip Code)

Tel: (732-232-1705 Fax: (___) _____

Check the Appropriate Box(es):

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas to Oil Conversion
- [ ] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney: Size 4

- [ ] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Furnace	Oil / Gas / Other:	72,000
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____ Signature _____ Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

_____ Signature _____ Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____ Signature _____ Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____ Signature _____ Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8-2-06
Date Issued
Control # C58-38366
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 58 Lot 3 Qualification Code

Work Site Location 184 Broad Street
Keyport NJ 07735

Owner in Fee Edward Murillo

Address 184 Broad Street
Keyport NJ 07735

Tel (732) 203-2103

Contractor VECTOR SECURITY, INC.

Address 11K PRINCESS ROAD
LAWRENCEVILLE, NEW JERSEY 08648

Tel (800) 734-1553 FAX (888) 228-8472

Contractor License No. P00863

Federal Emp. No. 23-1734719

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 250.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
9		Alarm Devices/F.A.C. Panel	
9		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
			45

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 8-8-06

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

1. White-Inspector copy 2. Canary- Applicant copy

3. Pink- Office Copy 4. White Tag- Office copy

UCC/F-120 (REV. 7/03)
Professional Printing
(856) 468-7933

BOROUGH OF KEYPORT
70 WEST FRONT STREET
KEYPORT, NEW JERSEY 07735

Date Issued 10/21/05
Control #
Permit # 7932

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 58 Lot 3 Qual
Work Site Location 184 BROAD ST.
KEYPORT, NJ 07735
Owner in Fee/Occupant AYERS, RICHARD
Address 40 MONMOUTH AVE.
N.MIDDLETOWN, NJ 07734-
Telephone ( ) -
Contractor HOMEOWNER
Address 40 MONMOUTH AVE.
NORTH MIDDLETOWN, NJ 07734-
Telephone (732)471-1137 Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. -

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

REHAB TWO STORY HOUSE FOR FIRE AND WATER DAMAGE

[ ] CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[ ] CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[X] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than November 4, 2005 or the owner will be subject to fine or order to vacate:

FINISH FRONT PORCH AND WALL, CLEAN DEBRIS FROM PROPERTY

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (____ years); see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ____.

10/21/05
Construction Official

Fee $ 0
Paid [X] Check No. 138
Collected by: CAC

U.C.C. F260 (rev. 3/96)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 9-27-05
Control # C58-3
Date Issued
Permit # 7932

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 588 Lot 3 Qualification Code
Work Site Location 184 Bond St
Keyport NJ 07735
Owner in Fee Richard Ayers
Address 42 Woodbridge Ave Apt F
Matawan NJ
Tel. (732) 471-1137
Contractor Richard Ayers
Address 42 Woodbridge Ave Apt F
Matawan NJ
Tel. (732) 471-1137 FAX ( )
Contractor License No. or Builder Registration No.
Federal Emp. No

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Rehab House For Fire + Water Damage
Sheet Rock

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All	9/7/05	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			9/29/05	
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other Sheet Rock			9/29/05	
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[X] Lead Haz. Abatement NJAC 5:17
[X] Other Debris
[ ] Demolition

FEE (Office Use Only)

$	
	1065
	50
Administrative Surcharge $	
Minimum Fee $	76
State Permit Surcharge Fee $	
TOTAL FEE $	1191

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ _____

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # C58-3
Permit # 19327 A

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 58 Lot 3
Work Site Location 184 Broad St Keyport NJ 07735

Owner in Fee/Occupant Richard & Ayesi 184 Broad St
Address Keyport NJ 07735

Tele. ( )
Contractor The Kirk Co
Address 12 Warren Dr Marlboro NJ 07746

Tele. (732) 462-3018 Fax (732) 4093759
Lic. No. 4654
Federal Emp. No. 222 003366

B. ELECTRICAL CHARACTERISTICS

Use Group Present House For Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Private Home Utility Co.
Est. Cost of Elec. Work $ 5,000.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 10-4-05
Approved by: [signature]

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
(Final)			WB	PH

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

SUBCODE APPROVAL
[ ] CO [ ] PCO [X] CA
Date: 10-13-05
Approved by: P C Kramer

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

[signature]
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

RECEIVED
OCT 03 2005

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
11		Lighting Fixtures	
21		Receptacles	
12		Switches	
3		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$ 30.-
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	100	AMP Service	45.-
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
7		Smoke detectors	49.-

Administrative Surcharge	$	14.4
Minimum Fee	$	
DCA Training Fee	$	11
TOTAL FEE	$	155.-

U.C.C. F120
(rev. 3/96)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Hard = Applicant Copy

Added initial

CodeEnforcement

Property Summary Portal | Refresh | Open All | Close All

Owner:	BART REALTY GROUP, LLC
Location:	184 BROAD
Block:	58
Lot:	3
Lead Parcel:	Yes
Qualifier:	

▼ **About the Owner...**

▼ **About the Property...**

▼ **About the Taxes...**

▼ **Construction...**

▼ **Pet...**

▼ **Complaints...**

▼ **Land Use...**

▼ **Engineering...**

▲ **Code Enforcement...**

Property Registration...

Tracking Number	Is Active	Type	Lender	Agent	Last Inspection	Date Expires	Date Applied	Date Removed
819	False	1-3 UNITS RENTAL PROPERTY	BART REALTY GROUP LLC	BART REALTY GROUP LLC		12/31/2020	1/1/2019	

Property Information...

Address	Last Registered	Fee	Property Owner	Owner Phone	Manager	Manager Phone	Registrered Landlord	Exemption	Is 2 Family	Is Owner Occupied
184 BROAD			BART REALTY GROUP, LLC	(718) 809-3368/	BART REALTY GROUP, LLC	/		None	False	False

Would you like to edit this properties information? Yes

Unit Information...

Unit Number	Business	Description	Is Rental	Registration	Rent Control	Is Vacant	Max Occ	Occupancy	Owner Occupied	Sq Ft	Contact	Lease Start	Lease End
Unit		SFD	False	False	False	False	6	0	False	0	ANTOINETTE PRINZO	5/1/2012	

Would you like to edit this properties information? Yes

Rent Controlled Unit Information...

Would you like to edit this properties information? Yes

Certificate Information...

Tracking	Number	Applicant	Unit	Type	Status	Last Inspection	Application Date	Issue Date	Expiration Date
3300	2021-441	TBD		RESIDENTIAL TRANSFER OF TITLE	Under Review	10/19/2021	9/30/2021		
1927	2012-118	ANTOINETTE PRINZO		RESIDENTIAL RENTAL CERTIFICATE OF OCCUPANCY	Approved		8/11/2020	5/1/2012	
2331	2020-022	21ST MORTGAGE CORPORATION		RESIDENTIAL TRANSFER OF TITLE	Under Review		1/21/2020		
2826	2021-195	SOLOMON FRIETAG		RESIDENTIAL TRANSFER OF TITLE	Approved	5/12/2021			

Would you like to schedule an inspection? Yes

License Information...

There is no License data for the currently selected parcel.

Violations...Expand

Tracking #	Inspection	Follow Up	Issue Date	Infraction	Location	Status	Issuing Officer
CVIO-20-1598558729	Initial		8/27/2020 4:05:24 PM	302.1 Sanitation	Curb	Open	Michael Mulcahy InActive
CVIO-20-1598558724	Initial		8/27/2020 4:05:24 PM	302.4 Weeds	Curb	Open	Michael Mulcahy InActive
CVIO-20-00226		Follow Up	6/26/2020 1:26:10 PM	302.4 Weeds		Closed	Michael Mulcahy InActive

Would you like to issue a violation? Yes

Certificate or License or Registry Inspections...

Date & Time	Address	Address 2	Inspector	Type	Level	Result	Completed	Comments	Results
10/19/21 11:00 AM	184 BROAD		Anthony Vecchio	CERTIFICATE OF CONTINUED OCCUPANCY	Final	Pass	Closed		Applicant: BART REALTY GROUP, LLC Telephone: Owner: BART REALTY GROUP, LLC Telephone: (718) 809-3368
05/12/21 11:00 AM	184 BROAD		Anthony Vecchio	CERTIFICATE OF CONTINUED OCCUPANCY	Final	Fail	Closed	As is letter received, 100% lot coverage. need pavers removed to 60 %, shed need to be 3 feet off property lines, oil tank permit needed, hard wired smoke detectors in home	RESIDENTIAL TRANSFER OF TITLE Applicant: SOLOMON FRIETAG Telephone: (732) 608-1123 Owner: 21ST MORTGAGE CORPORATION Telephone: (732)

need to be maintained.	471-1137	

Would you like to schedule an inspection? Yes

Stand Alone Inspections...

Date & Time	Address	Address 2	Inspector	Type	Level	Result	Completed	Comments	Results
08/27/20 04:04 PM	184 BROAD		Michael Mulcahy InActive	Spot	Initial	None	Open		
07/07/20 12:00 PM	184 BROAD		Michael Mulcahy InActive	Violation Follow-up	Reinspection	Pass	Closed		

Would you like to schedule an inspection? Yes

- **Health Pro...**
- **Fire Prevention...**
- **Public Works...**
- **Attachments...**
- **Comments...**